

Cochise County Jail Inmate Grievance – Level One

To: Sgt ON Duty

Received By: 828

Date/Time: 5/2/19 11:42

From: Hills, Kris
Inmate Name

644
Booking #

CB13
Pod/Cell #

5/2/2019
Date

I. Grievance (To be completed by Inmate): Describe the reasons and nature for your complaint.

This is my 3rd attempt to address the black mold all over & around the showers, pod & ceiling. It's caused tiles to peel off, paint to peel back allergies from I/m CRAIG & I/m ALLISON are disturbing at best. My grievances on this issue are disappearing & unaccounted for/although

NOT informally resolved.

II. Grievance (To be completed by Inmate): Document reasonable attempts to resolve complaint informally prior to filing this formal grievance.

I have addressed this matter with almost every single runner & supervisor to be told they are "aware of the problem". I have also been given bleach on numerous mornings to "handle" the issue, but bleach does not reverse black mold damage nor does it "fix" where the black mold is peeling back from being painted over.

III. Grievance (To be completed by Inmate): Explain your reasonable proposed resolution.

My reasonable proposed resolution is that this matter be genuinely addressed according to authentic health concern protocol, whatever that may be. I also would like this 3rd grievance to be documented & returned to me with an actual reply within the grievance time allotted by flow chart.

Hills
Inmate Signature

5/2/2019
Date

in my handbook

IV. Duty Officer's resolution (to be completed by duty officer prior to forwarding to Shift Supervisor):

Inmate Hills received a cleaning bucket and scrub brush to clean the showers. The bucket contained a mildew and mold cleaner.


Officer's Signature

5/6/19
Date

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V. Shift Supervisor's or assigned officer's action and receipt (informal): I have addressed the nature of the complaint of the above named inmate and have taken the following action:

[Signature] 5/6/17 Return a copy to inmate if resolved.
Supervisor's Signature Date

[Initials] File in "Grievance File" (informally resolved).

Tracking # [REDACTED]

 Continue as a Formal Grievance

[Signature] 5/6/17
Inmate Signature Date

DATE RECEIVED: _____ NUMBER: _____

VI. Investigating Officer's Response (Formal): I have investigated the above grievance and have taken the following action:

[Signature] Return a copy to inmate.
Investigating Officer Signature Date

Inmate Signature Date

TO INMATE: IF NOT SATISFIED WITH THE INVESTIGATING OFFICER'S RESOLUTION, SUBMIT A LEVEL-TWO GRIEVANCE APPEAL FORM WITHIN 3 DAYS OF RECEIPT TO THE JAIL COMMANDER.